



ADMISSIONS OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2000 | 1-800-264-1094 | Fax: (501) 977-2123 | www.uaccm.edu

# INTERNATIONAL STUDENT NOTIFICATION OF TRANSFER

The student named below has indicated his/her intention to transfer to the University of Arkansas Community College at Morrilton. Please provide the information requested in order that the student's eligibility for transfer may be determined. An acceptance letter will not be issued until transfer eligibility is determined.

## COMPLETED BY STUDENT

**Student Name:** \_\_\_\_\_  
(Last Name) (First Name)

**Date of Birth:** \_\_\_\_\_ **Country of Citizenship:** \_\_\_\_\_

I hereby authorize the release of the information below:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Student)

## COMPLETED BY A DESIGNATED SCHOOL OFFICIAL AT STUDENT'S CURRENT COLLEGE/UNIVERSITY

**Name of College/University:** \_\_\_\_\_

**End of Semester/SEVIS Release Date:** \_\_\_\_\_ **SEVIS ID Number:** \_\_\_\_\_  
(UACCM School Code: NOL214F10298000)

**Student Non-Immigrant Status:**  F-1  J-1  Other: \_\_\_\_\_  
(please indicate)

**To the best of your knowledge, has the student met all requirements to maintain active status?**  
 Yes  No: \_\_\_\_\_  
(please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate any period of off-campus employment authorization granted to this student:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of School Official:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(School Official)

Please return this form by either: email (adm@uaccm.edu), fax, or mail.